

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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7						
8						
9						
10						
11		2				
12		2				
13		2				
14		2				
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18	1					
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28		2				
29		2				
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31		2				
32		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.		40				
TOTAL CLAIMS	42					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						